CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0377	1	Jordan Elem		17	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accorda	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	:hey apply ar /e been adju	nd OMB Circular	
casual relationship I accordance with apphave not been claim and the Office of Pupredetermined rate.		incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
	regoing is true and cort ct Superintendent or		Street Address	or P.O. Box		
Chairperson	or oupormiomaom or	20 0.0), 1 101 DOX		
Printed Name of A	uthorized Official		Box 409 City	Z	Zip Code	
			•		•	
Title			Jordan Date	5	9337	
			Dato			
Send com	npleted form to: School Accounting of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	.IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

UPI	Superintendent PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0378	СО	Garfield County H S		17	HS	
Proposed Rest	ricted Indirect Cost Rate	e% (R	ound to nearest h	undredth (X.)	XX%) of a percent.)	
application should	Complete and submit we be submitted for the ele proval of your rate.					
This is to certify the knowledge and be	nat I have reviewed the ir elief:	ndirect cost rate propos	al submitted he	rewith and to	o the best of my	
allowable in acco A-87, "Cost Princ	ded in this proposal to es rdance with the requirem iples for State and Local d in the attached Predete	ents of the Federal awa Governments." Unallo	ard(s) to which t wable costs hav	hey apply al e been adju	nd OMB Circular	
casual relationshi accordance with a have not been cla and the Office of predetermined ra	ded in the proposal are post postween the expenses applicable requirements. A simed as direct costs. In Public Instruction will be te.	incurred and the agree Further, the same cos addition, similar types notified of any account	ements to which ts that have bee of costs have be	they are allowed they are allowed the second the second to the second the sec	ocated in indirect costs ed for consistently	
Signature of Dis	trict Superintendent or		treet Address o	or P.O. Box		
Chairperson		B	ox 409			
Printed Name of	Authorized Official		ity	Z	ip Code	
		Jo	ordan	5	9337	
Title		D	ate			
Send c	ompleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
	School Accounting Office of Public Inst PO Box 202501	ruction -2501	DENT OF PUBL	.IC INSTRU	CTION BY:	
ACCEPTE	School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction -2501 R THE SUPERINTENI	DENT OF PUBL ate Approved	IC INSTRU	CTION BY:	

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 Jelena, MT 59620-2501		Due May 31, 2004		
Legal Entity #	School Dist. #	School Name		County	Level
0380	10	Big Dry Creek Eler	n	17	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)
	Complete and submit wo submitted for the electory or an arms.				
This is to certify that knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my
allowable in accord A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a /e been adju	nd OMB Circular
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	d in the proposal are p between the expenses plicable requirements. ned as direct costs. In ublic Instruction will be regoing is true and cor	incurred and the ag Further, the same of addition, similar type notified of any accou	eements to which osts that have been so of costs have be	they are all en treated a een account	ocated in s indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	(
Chairperson			c/o Linda Rich, B	ox 65	
Printed Name of A	uthorized Official		City		Zip Code
			Sand Springs		59077
Title			Date		
Send con	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction			
ACCEPTED					
	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	AND APPROVED FO		Date Approved	IC INSTRU	CTION BY:

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0382	15	Van Norman Elem		17	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)	
	Complete and submit we submitted for the electory or an arms.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirement es for State and Local on the attached Predeter	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be pregoing is true and corregoing is true and corregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the structure.	incurred and the agr Further, the same of addition, similar type notified of any accou	eements to which osts that have been so of costs have be	they are allentreated as een account	ocated in s indirect costs ed for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			HC 62 Box 354			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Jordan	5	59337	
Title			Date	I		
Send con	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

Office of Public Instruction Linda McCulloch, Superintendent PO Box 202501 Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004		
Legal Entity #	School Dist. #	School Name	Cour	nty Level
0385	19	Pine Grove Elem	17	7 EL
Proposed Restric	ted Indirect Cost Rat	e % (Ro	und to nearest hundred	dth (X.XX%) of a percent.)
	e submitted for the ele	vith one copy of each ap ementary and high schoo		•
This is to certify that knowledge and believed.		ndirect cost rate proposa	I submitted herewith	and to the best of my
allowable in accorda A-87, "Cost Principl	ance with the requirem es for State and Local	stablish the final indirect ents of the Federal awa Governments." Unallow rmined Indirect Cost Allo	d(s) to which they are able costs have bee	oply and OMB Circular and adjusted in allocating
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expenses plicable requirements. ned as direct costs. In ablic Instruction will be	notified of any accountir	nents to which they a s that have been trea f costs have been ac	are allocated in attention at the attent
Signature of Distri Chairperson	ct Superintendent or		reet Address or P.O	. Box
Printed Name of A	uthorized Official	Cit) Box 35 : y	Zip Code
		Br	usett	59318
Title		Da	te	
Send com	npleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	ruction		
ACCEPTED	AND APPROVED FO	R THE SUPERINTEND	ENT OF PUBLIC IN	STRUCTION BY:
Ар	proved Rate for FY20		te Approved	

CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Du	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	County	Level		
0386	23	Kester Elem	17	EL		
Proposed Rest	ricted Indirect Cost Rat	te% (Round t	o nearest hundredth	(X.XX%) of a percent.)		
application shoul		with one copy of each applica ementary and high school dis				
This is to certify the knowledge and be		ndirect cost rate proposal sub	omitted herewith an	d to the best of my		
allowable in acco	ordance with the requirent ciples for State and Local	stablish the final indirect cost nents of the Federal award(s) Governments." Unallowable ermined Indirect Cost Allocation	to which they apply costs have been a	and OMB Circular		
casual relationsh accordance with have not been cl and the Office of	ip between the expenses applicable requirements.	oroperly allocable to Federal as incurred and the agreement Further, the same costs that addition, similar types of cost potified of any accounting characteristics.	s to which they are t have been treated ts have been accou	allocated in as indirect costs inted for consistently		
I declare that the	ate.		anges that would a	ffect the		
I declare that the Signature of Dis		rrect.	Address or P.O. B			
I declare that the	ite. foregoing is true and coi	rrect.	Address or P.O. B			
I declare that the Signature of Dis Chairperson	ite. foregoing is true and coi	rrect. Board Street	Address or P.O. B			
I declare that the Signature of Dis Chairperson	nte. foregoing is true and constrict Superintendent or	rrect. Board Street HC62 E	Address or P.O. B	ox		
I declare that the Signature of Dis Chairperson	nte. foregoing is true and constrict Superintendent or	rrect. Board Street HC62 E City	Address or P.O. B	ox Zip Code		
I declare that the Signature of Dis Chairperson Printed Name of Title	nte. foregoing is true and constrict Superintendent or	Board Street HC62 E City Jordan Date and Budgeting truction	Address or P.O. B	ox Zip Code		
I declare that the Signature of Dis Chairperson Printed Name of Title Send of Send o	foregoing is true and constrict Superintendent or f Authorized Official completed form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	Board Street HC62 E City Jordan Date and Budgeting truction	Address or P.O. B	Zip Code 59337		
I declare that the Signature of Dis Chairperson Printed Name of Title Send of ACCEPT	foregoing is true and constrict Superintendent or f Authorized Official completed form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	Trect. Board HC62 E City Jordan Date and Budgeting truction D-2501 DR THE SUPERINTENDENT Date A	Address or P.O. B	Zip Code 59337		

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0387	27	Cohagen Elem		17	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	hey apply and e been adjus	d OMB Circular	
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 173			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Angela	59	3120173	
Title			Date			
Send com	npleted form to: School Accounting of Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	IC INSTRUC	TION BY:	
Арі	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 Jelena, MT 59620-2501		Due May 31, 2004			
Legal Entity #	School Dist. #	School Name		County	Level	
0388	30	Benzien Elem		17	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit wo submitted for the electory oval of your rate.					
This is to certify tha knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accordance A-87, "Cost Principle	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	ed in the proposal are pubetween the expenses plicable requirements. In the das direct costs. In the library will be seen the contraction will be regoing is true and corresponding the contraction will be regoing is true and corresponding the corresponding to the corresponding the corresponding the corresponding to the corresponding the corresponding to the corresp	incurred and the agr Further, the same of addition, similar type notified of any accou	eements to which osts that have been so of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			c/o Linda Rich, B	ox 65		
Printed Name of A	uthorized Official		City		Zip Code	
			Sand Springs	5	9077	
Title			Date	<u>'</u>		
Send con	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Du	Due May 31, 2004			
Legal Entity #	School Dist. #	School Name	Co	unty	Level	
0392	42	Sand Springs Elem		17	EL	
Proposed Restri	cted Indirect Cost Rate	e % (Round	to nearest hundr	edth (X.)	XX%) of a percent.)	
	be submitted for the ele	vith one copy of each applica ementary and high school dis				
This is to certify the knowledge and bel		ndirect cost rate proposal su	omitted herewi	th and to	o the best of my	
allowable in accord A-87, "Cost Princip	lance with the requirem les for State and Local	stablish the final indirect cost ents of the Federal award(s Governments." Unallowable rmined Indirect Cost Allocat	to which they costs have be	apply aı een adju	nd OMB Circular	
casual relationship accordance with ap	between the expenses oplicable requirements.	roperly allocable to Federal incurred and the agreemen Further, the same costs that	s to which they t have been tre	/ are allo eated as	ocated in	
and the Office of P predetermined rate	ublic Instruction will be e.	addition, similar types of connotified of any accounting of			_	
and the Office of P predetermined rate I declare that the for Signature of Distr	ublic Instruction will be	notified of any accounting cl		uld affe	ct the	
and the Office of P predetermined rate	ublic Instruction will be bregoing is true and cor	rect. Board Street	Address or P.	uld affe	ct the	
and the Office of P predetermined rate I declare that the form Signature of Distriction Chairperson	ublic Instruction will be bregoing is true and cor	rect. Board Street	nanges that wo	.O. Box	ct the	
and the Office of P predetermined rate I declare that the form Signature of Distriction Chairperson	ublic Instruction will be e. pregoing is true and cor rict Superintendent or	rect. Board Street c/o Lin	Address or Paddress or Paddress or Box 6	O. Box	ct the	
and the Office of P predetermined rate I declare that the form Signature of Distriction Chairperson	ublic Instruction will be e. pregoing is true and cor rict Superintendent or	rect. Board Street c/o Lin City	Address or Paddress or Paddress or Box 6	O. Box	ct the	
and the Office of P predetermined rate I declare that the for Signature of Distr Chairperson Printed Name of A Title	ublic Instruction will be e. pregoing is true and cor rict Superintendent or	rect. Board Street c/o Lin City Sand S Date and Budgeting cruction	Address or Paddress or Paddress or Box 6	O. Box	ct the	
and the Office of P predetermined rate I declare that the for Signature of Distr Chairperson Printed Name of A Title Send con	ublic Instruction will be coregoing is true and coreict Superintendent or Authorized Official mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	rect. Board Street c/o Lin City Sand S Date and Budgeting cruction	Address or Pada Rich, Box 6	O. Box	Cip Code	
and the Office of P predetermined rate I declare that the for Signature of Distriction Chairperson Printed Name of A Title Send con ACCEPTED	ublic Instruction will be coregoing is true and coreict Superintendent or Authorized Official mpleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	rect. Board Street c/o Lin City Sand S Date PR THE SUPERINTENDENT Date A	Address or Pada Rich, Box 6	O. Box	Cip Code	

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501		Due May 31, 2004		
Legal Entity #	School Dist. #	School Name		County	Level
0394	52	Ross Elem		17	EL
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)
	Complete and submit wo submitted for the electory or an arms.				
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirement es for State and Local on the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a /e been adju	nd OMB Circular
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be pregoing is true and corregoing is true and corregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the structure.	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allen treated as een account	ocated in s indirect costs ed for consistently
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box	
Chairperson			HC 67 Box 5 c/o	Browning	
Printed Name of A	uthorized Official		City		ip Code
			Mosby	5	9058
Title			Date		
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction			
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:
Ар	proved Rate for FY20	04	Date Approved		
			Signature		